

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52	/					
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56	/					
7	/						57		/				
8		/					58	/					
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10		/					60		/				
11	/						61		/				
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17	/						67	/					
18		/					68		/				
19		/					69		/				
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22		/					72		/				
23		/					73		/				
24		/					74		/				
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26	/						76		/				
27		/					77		/				
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30		/					80		/				
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35		/					85	/					
36		/					86		①				
37		/					87		①				
38		/					88	/					
39		/					89	/					
40		/					90	/					
41		/					91	/					
42	/						92	/					
43		/					93	/					
44		/					94	/					
45		/					95	/					
46		/					96	/					
47		/					97						
48	/						98						
49		/					99						
50		/					100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						